

Application for Whole Life Insurance

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Applicant Initials _____

3. Health questions

A. Modified benefit plan

If you answered "yes" to any questions in Section A, you are not eligible for insurance coverage.

1. Do any of the following apply to you?
 - A. currently hospitalized, in a nursing facility, confined to a bed, receiving hospice care Y N
 - B. require use of oxygen for any lung or respiratory disorder Y N
 - C. have been diagnosed by a medical professional to have an aneurysm that has not been surgically repaired Y N
2. At any time have you been diagnosed or treated by a medical professional or had surgery for any of the following?
 - A. any condition requiring bone marrow, stem cell, or organ transplant Y N
 - B. kidney disease requiring dialysis Y N
 - C. Alzheimer's Disease, dementia, mental incapacity Y N
 - D. Lou Gehrig's Disease (ALS) Y N
 - E. a life expectancy of 12 months or less Y N
 - F. Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC), tested positive for the Human Immunodeficiency Virus (HIV) Y N

B. Graded benefit plan

If you answered "yes" to any questions in Section B, you qualify for the Modified benefit plan.

3. Do you have diabetes?
 - A. diagnosed by a medical professional before age 40 Y N
 - B. in combination with any heart or circulatory disorder diagnosed by a medical professional (excluding high blood pressure) Y N
 - C. requiring 40 or more units of insulin daily Y N
4. Within the past 12 months, have you been diagnosed or treated by a medical professional or had surgery for any of the following?
 - A. heart attack, heart valve disorder, heart blockage, stroke or transient ischemic attack (TIA) Y N
 - B. any lung or respiratory disorder requiring the use of a nebulizer Y N
 - C. any lung or respiratory disorder and currently use tobacco Y N
 - D. internal cancer, melanoma, lymphoma, multiple myeloma, leukemia, systemic lupus (SLE) Y N
 - E. chronic pancreatitis, chronic hepatitis, cirrhosis Y N
5. Within the past 12 months, have you been recommended by a medical professional to have any of the following?
 - A. treatment or counseling for alcohol or drug abuse Y N
 - B. test, surgery, treatment or further evaluation that has not been performed or are there any test results pending other than a test or further evaluation for HIV Y N

C. Level benefit plan

If you answered "yes" to any questions in Section C, you qualify for the Graded benefit plan.

If you answered "no" to ALL questions in Section C, you qualify for the Level benefit plan.

6. Within the past 24 months, have you been diagnosed or treated by a medical professional or had surgery for any of the following?
 - A. aneurysm, heart attack, any circulatory disorder, stroke or transient ischemic attack (TIA) Y N
 - B. emphysema, chronic obstructive pulmonary disease (COPD) Y N
 - C. internal cancer, melanoma, leukemia Y N
 - D. neuromuscular disorder including, but not limited to, cerebral palsy, multiple sclerosis, muscular dystrophy Y N
 - E. any connective tissue disorder, ulcerative colitis, Crohn's disease Y N
7. At any time, have you been diagnosed or treated by a medical professional or had surgery for any of the following?
 - A. congestive heart failure, cardiomyopathy, Parkinson's disease Y N
 - B. any permanent paralysis, amputation caused by disease Y N
8. Are you dependent on a wheelchair or motorized mobility device? Y N